



PTO/SB/29 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

**U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**

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PATENT & TRADEMARK FEE STATEMENT					
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (i))	10 -20* =	0	x \$ 0 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	2 -3** =	0	x \$ 0 =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
			BASIC FEE (37 CFR 1.16)	\$ 355.00	
			Total of above Calculations =		
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
* Reissue claims in excess of 20 and over original patent.					TOTAL =
** Reissue Independent claims over original patent.					

6.  Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to  
Deposit Account No. \_\_\_\_\_:

a.  Fees required under 37 CFR 1.16.

b.  Fees required under 37 CFR 1.17.

c.  Fees required under 37 CFR 1.18.

8.  A check in the amount of \$ 355.00 is enclosed.

9.  Payment by credit card. Form PTO-2038 is attached.

10.  Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months  
(not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.

11.  New Attorney Docket Number, if desired \_\_\_\_\_  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

12. a.  Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

b.  Return Receipt Postcard (Should be specifically itemized. See MPEP 503)

13.  Other: \_\_\_\_\_

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**NOTE:** The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> New correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

**15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Albert B. Kimball, Jr.
Signature	
Registration No. (Attorney/Agent)	25,689
Date	November 21, 2001